

REVIEW OF GRIEVANCE CASES**WS-GR1**

Name/HI Number	Date Grievance Received	Issue -- Is it Correctly Identified?	Plan Follows Grievance Procedure, as Outlined in EOC	Date Grievance Addressed / Resolved (Notice)	Comments

Standard: 95 percent correct.

Determination: Transfer results of this sample to the appropriate requirements at ~~GR01~~GRO2 and GR02A of the *Review Guide*. See Column Explanations for coded requirements related to specific columns.

REVIEW OF GRIEVANCE CASES

WS-GR1

Requirement: Each M+CO must provide meaningful procedures for timely hearing and resolution grievances between enrollees and the organization or any other entity or individual through which the organization provides health care services under and M+C plan it offers. 42 CFR 422.564 The M+CO must properly identify issues subject to the grievance process: Examples of issues subject to the grievance process include quality of service provided, long waiting times for appointments or at the physician's office, denial of a request to expedite an organization determination or appeal, and involuntary disenrollment.

Purpose: The M+CO should be responsive to enrollees' concerns that do not fall within the purview of the Medicare appeal process. Review M+CO procedures to assure that steps and time frames specified in the plans evidence of coverage (EOC) to its enrollees are being followed, and that problem areas are identified, resolved and shared among departments within the M+CO. Assess written complaint and telephone logs of the M+CO and those of contracting providers to assure that they are being handled in a timely fashion. Trends in the type of complaints received should be discussed with other reviewers as appropriate.

Sample: If reviewer does not have the M+CO's latest EOC, request that the plan send this document along with the grievance universe. It is essential that the reviewer thoroughly familiarize themselves with the M+CO's grievance process before undertaking any review activity.

In the notification of the site visit letter, reviewer will request the M+CO to provide a list of currently pending grievance cases, written and oral complaints and grievances (and complaint logs) reviewed and/or closed during the six- (6) month period ending with the month prior to the scheduled visit (the specific months should be specified in the letter). Upon receipt of the list, approximately two (2) weeks prior to the site visit, the reviewer will select 30 cases in accordance with the random selection methods discussed in the *Review Guide* Instructions, under Sampling Methodology. ***(Note: During focused reviews, HCFA staff may elect to increase sample sizes to 100 cases or more, as deemed appropriate by the Agency)***. Five (5) to seven (7) days before the site visit, reviewer will notify the M+CO of the specific units of analysis. The M+CO will have all necessary documentation for the units of analysis available upon the reviewer's arrival onsite.

Column Explanations:

Name/HI Number: Self-explanatory. Number optional.

Date Grievance Received: Self-explanatory.

Issue Correctly Identified: Complaints or issues subject to grievance are those that are not organization determinations. Review each case to ensure that the M+CO correctly categorizes the complaint. If an appeal has been incorrectly identified as a grievance, have the M+CO redevelop as an appeal. (Some cases have issues that are both appealable and grievable.) Also ensure that the M+CO has a procedure for identifying and expeditiously resolving grievances that require a rapid response or immediate resolution. ((See QISMC 2.4.2.5) (See QR25)) **Transfer results to GR02A and AP02.**

Plan's Grievance Procedures Followed? Are steps and time frames specifically outlined in the M+CO's Evidence of Coverage followed?

Transfer results to GR03 GR02.

Date Resolved/Addressed: Self-explanatory.

Comments: Self-explanatory. You may want to note trends in your review; e.g., type of complaint.